

(ORIGINAL Amended)

<input checked="" type="checkbox"/> FILED <input type="checkbox"/> ENTERED	<input type="checkbox"/> RECEIVED <input type="checkbox"/> SERVED ON
COUNSEL/PARTIES OF RECORD	
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> MAY 19 2015  <i>No Copy</i> </div>	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY: <u><i>[Signature]</i></u> DEPUTY	

ADAM WYNN TINGLEY #80020  
 Name  
WSCC  
P.O. Box 7007  
CARSON City NV 89702  
 Prison Number

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA**

ADAM TINGLEY, )  
 Plaintiff, )  
 vs. )  
N.D.O.C. et al, )  
DR BANNISTER (RET), )  
DR. ARANAS, DR. JOHNS, )  
JOHN PERY, PHARMACY TECH, )  
JANE DOE NURSE, BOOKKEEPER, )  
 Defendant(s). )

CASE NO. 3:14-cv-00358  
 (To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT  
PURSUANT TO  
42 U.S.C. § 1983**

**A. JURISDICTION**

- 1) This complaint alleges that the civil rights of Plaintiff, ADAM TINGLEY,  
 (Print Plaintiff's name)

who presently resides at WARM SPRINGS CORRECTIONAL CENTER, were  
 violated by the actions of the below named individuals which were directed against

Plaintiff at WSCC, NVCC, CARSON City on the following dates  
 (institution/city where violation occurred)

2004 to Current, 2006 to Current, and N/A  
 (Count I) (Count II) (Count III)

**Make a copy of this page to provide the below  
information if you are naming more than five (5) defendants**

2) Defendant DR. BANNISTER resides at NNCC,  
(full name of first defendant) (address if first defendant)  
and is employed as MEDICAL DIRECTOR (RET). This defendant is sued in his/her  
(defendant's position and title, if any)  
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was  
acting

under color of law: AS MED. DIRECTOR HE MAKES FINAL DECISIONS (FROM DOCTORS REQUEST FOR TREATMENT) TO APPROVE OR DELAY TREATMENT, OR DENY.

3) Defendant DR. ARANAS resides at NNCC / CENTRAL,  
(full name of first defendant) (address if first defendant)  
and is employed as MEDICAL DIRECTOR (CURRENT). This defendant is sued in his/her  
(defendant's position and title, if any)  
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was  
acting

under color of law: AS MED. DIRECTOR HE MAKES FINAL DECISIONS (FROM DOCTORS REQUESTS FOR TREATMENT) TO APPROVE, DELAY, OR DENY TREATMENT. HE ALSO ANSWER FINAL LEVEL INMATE GRIEVANCES.

4) Defendant JOHN PERY resides at NNCC / WSCC,  
(full name of first defendant) (address if first defendant)  
and is employed as DIRECTOR OF NURSING. This defendant is sued in his/her  
(defendant's position and title, if any)  
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was  
acting

under color of law: HE IS RESPONSIBLE FOR NURSING AT WSCC. DENYING OR CHANGING DOCTOR PRESCRIBED MEDICATION. POST-OP EYE DROPS AND ORDERING

5) Defendant JANE DOE #1 <sup>(SUE)</sup> resides at WSCC,  
(full name of first defendant) (address if first defendant)  
and is employed as NURSE. This defendant is sued in his/her  
(defendant's position and title, if any)  
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was  
acting

under color of law: BY ARGUING WITH DR. KOMADINA AND HIS OFFICE ABOUT THE POST-OP EYE DROPS HE ORDERED AND NOT GETTING THEM TO ME.

2) Jurisdiction is invoked pursuant to 28 U.S.C. § 1343 (a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional statutes, list them below.

## B. NATURE OF THE CASE

- 1) Briefly state the background of your case.

SEE PAGE 3A

### C. CAUSE OF ACTION

7 Defendant DR. JOHNS resides at NWCC  
 (full name of first defendant) (address of first defendant)

and is employed as MEDICAL DOCTOR. This defendant is sued in his/her  
 (defendant's position and title, if any)

☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was acting

under color of law: SHE CALLED TO VERIFY FOLLOW-UP I WAS GETTING  
MY PRESCRIBED POST-OP DROPS (SEE EXHIBITS) BY NEVER FORCED WSCC TO  
ACTUALLY GET MY DROPS TO ME

☒ Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional statutes, list them below.

#### B. NATURE OF THE CASE

1) Briefly state the background of your case.

In 2004 I saw eye dr. he said I need eye surgery. I again  
in 2004 saw eye dr. and now I had pain and loss of vision. Dr. said  
surgery is needed. Request was denied. From Feb 2004 to June 2006  
I had increasing pain and ultimately complete loss of sight in left eye.  
Dr. Bonvister continued to deny surgery request. Even though every Dr. requested  
and prescribed pain meds and eye drops. Finally in June 2006 I was seen by  
Dr. Fisher (outside surgeon) he said my eye was worst he'd ever seen and D.O.C.  
took too long getting surgery. He operated and prescribed eye drops essential  
to recovery. D.O.C. wouldn't give eye drops to me and surgery failed. I suffered massive  
headaches and pain and exhausted remedies until 2/19/2014 I had 2nd surgery. Again  
I was prescribed drops essential to success of surgery and again D.O.C.  
stopped too soon, gave wrong drops and now will do nothing else.

#### C. CAUSE OF ACTION

1 DEFENDANT # 839

2  
3 JANE DOE # 1:2 @ NNCC and WSCC  
4 BOTH OFFICIAL AND INDIVIDUAL CAPACITY  
5 BOOKKEEPER AT NNCC and WSCC  
6

7 EVEN THOUGH NDOC ADMINISTRATIVE REGULATION  
8 STATE FOLLOW-UP VISIT ARE NOT TO BE CHARGED  
9 AND EVEN THOUGH I HAVE WRITTEN MANY KITES  
10 AND MEDICAL CHARGE REVERSAL AND GRIEVANCES  
11 I AM CHARGED \$8<sup>00</sup> FOR EVERY (ALMOST EVERY)  
12 EYE VISIT. THIS HAS BEEN GOING ON FOR YEARS.  
13 AT \$8<sup>00</sup> PER VISIT AND 1-3 VISITS PER MONTH  
14 FOR 8 OR SO YEARS IT ADDS UP TO A GREAT DEAL  
15 OF MONEY AND HEADACHE AND ALMOST APPEARS TO BE  
16 RETALIATION  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

## COUNT I

The following civil right has been violated: 8<sup>TH</sup> AMENDMENT

CRUEL and UNUSUAL PUNISHMENT  
(DELIBERANT INDIFFERENCE)

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

AS NEW MEDICAL DIRECTOR and HEAD OF "U.R. PANEL",  
DR. ARANA DENIED REQUESTED RELIEF ASKED FOR BY PLAINTIFF  
IN FINAL LEVEL OF GRIEVANCE PROCEDURE. I'VE BEEN SEEN BY HIM  
SEVERAL TIMES IN PAST AND GRIEVANCE WAS VERY CLEAR. DR. ARANA  
WAS PERSONALLY AWARE OF MY MEDICAL NEEDS IN REGARDS TO EYE.  
AS DIRECTOR OF NURSING (D.O.N.) MR. PERY WAS ULTIMATELY  
RESPONSIBLE FOR MAKING SURE SPECIALIST POST-OP ORDERS WERE FOLLOWED.  
YET (NDOC and) JOHN PERY TOOK IT UPON HIMSELF TO STOP EYE DROPS.  
JANE DOE #1 GOT INTO ARGUMENT W/ DR KOMADINA DAY OF MY  
SURGERY; TOLD HIM THEY DIDNT HAVE AND HE (KOMADINA) WAS  
RESPONSIBLE FOR EYE DROPS. ALSO ON A LATER CALL TOLD  
(KOMADINA) THEY (NDOC, Pery) WERE NOT GOING TO KEEP SUPPLYING  
ME WITH EYE DROPS.

JANE DOE #1 [REDACTED] - ALSO TOLD KOMADINA and an  
OFFICER (TO BE CALLED AS MY WITNESS LATER) THAT THEY DIDNT THINK,  
(NDOC Medical) THAT I NEEDED THE PRESCRIPTION. THIS THE  
2<sup>ND</sup> SURGERY WAS NOT AS SUCCESSFUL AS COULD'VE BEEN DUE TO  
NDOC MEDICAL DENYING GRIEVANCE, THE D.O.N. (AFTER SURGERY) DENYING  
and/or DELAYING DROPS and JANE DOES' ARGUING AGAINST SPECIALIST.  
PHARMACY WOULD ONLY SEND (1) BTL P/M EVEN THOUGH KOMADINA WROTE AS NEEDED.  
DR. JOHNS CALLED WSCC TO MAKE SURE I RECEIVED EYE DROPS, BUT ACTUALLY DID NOTHING

## COUNT II

The following civil right has been violated:

DUE PROCESS 14<sup>th</sup> AMEND

Supporting Facts: [Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

By BOOKER PER AT BOTH NCC and WSCC CONTINUALLY CHARGING ME \$8<sup>00</sup> FOR FOLLOW-UP APTS 1 TO 3 TIMES PER MONTH, NOW GOING ON AND OFF FOR 8 YEARS, THIS IS WRONG. ONLY OCCASIONALLY THROUGH REVERSAL REQUEST FROM OR GRIEVANCE AM I REIMBURSED, USUALLY NOT THOUGHT. STILL TO THIS DAY I AM CHARGED \$8<sup>00</sup> TO SEE EYE DOCTOR AND N.D.O.C. BOOKER PER REFUSES TO REVERSE CHARGES.

- 1) Have you filed other actions in state or federal courts involving the **same or similar facts** as involved in this action? \_\_\_ Yes ☒ No. If your answer is "Yes", describe each lawsuit. (If more than one, describe the others on an additional page following the below outline).

- a) Defendants: \_\_\_\_\_
- b) Name of court and docket number: \_\_\_\_\_
- c) Disposition (for example, was the case dismissed, appealed or is it still pending?):  
 \_\_\_\_\_
- d) Issues raised: \_\_\_\_\_  
 \_\_\_\_\_
- e) Approximate date it was filed: \_\_\_\_\_
- f) Approximate date of disposition: \_\_\_\_\_

- 2) Have you filed an action in federal court that was **dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted?** \_\_\_ Yes ☒ No. If your answer is "Yes", describe each lawsuit. (If you have had more than three actions dismissed based on the above reasons, describe the others on an additional page following the below outline).

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: \_\_\_\_\_
- b) Name of court and case number: \_\_\_\_\_
- c) The case was dismissed because it was found to be (check one): \_\_\_ frivolous  
 \_\_\_ malicious or \_\_\_ failed to state a claim upon which relief could be granted.
- d) Issues raised: \_\_\_\_\_  
 \_\_\_\_\_
- e) Approximate date it was filed: \_\_\_\_\_
- f) Approximate date of disposition: \_\_\_\_\_

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim:



- a) Defendants: \_\_\_\_\_
- b) Name of court and case number: \_\_\_\_\_
- c) The case was dismissed because it was found to be (check one): ☐ frivolous  
☐ malicious or ☐ failed to state a claim upon which relief could be granted.
- d) Issues raised: \_\_\_\_\_
- e) Approximate date it was filed: \_\_\_\_\_
- f) Approximate date of disposition: \_\_\_\_\_

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: \_\_\_\_\_
- b) Name of court and case number: \_\_\_\_\_
- c) The case was dismissed because it was found to be (check one): ☐ frivolous  
☐ malicious or ☐ failed to state a claim upon which relief could be granted.
- d) Issues raised: \_\_\_\_\_
- e) Approximate date it was filed: \_\_\_\_\_
- f) Approximate date of disposition: \_\_\_\_\_

- 3) Have you attempted to resolve the dispute stated in this action by seeking relief from the proper administrative officials, e.g., have you exhausted available administrative grievance procedures? ☒ Yes ☐ No. If your answer is "No", did you not attempt administrative relief because the dispute involved the validity of a: (1) ☐ disciplinary hearing; (2) ☐ state or federal court decision; (3) ☐ state or federal law or regulation; (4) ☐ parole board decision; or (5) ☐ other \_\_\_\_\_.

If your answer is "Yes", provide the following information. Grievance Number 20062969990

Date and institution where grievance was filed 10/26/2013 NNCC

Response to grievance: Grievance denied because I received surgery, and that they could not resolve matter of my eye

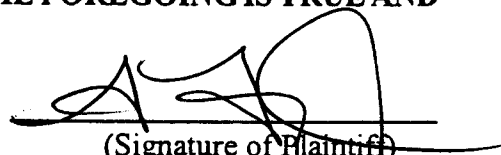
### E. REQUEST FOR RELIEF

I believe that I am entitled to the following relief:

INJUNCTIVE and MONITARY, both Compensatory and Punitive  
THE N.D.O.C. TO PAY FOR 100% UV SUNGLASSES (my choice) 2 pair p/yr-10 YRS,  
THE N.D.O.C. TO PAY FOR ALL FUTURE MED. COSTS, EYES including SURGERIES (KONADING)  
THE N.D.O.C. TO REIMBURSE ME FOR 8 YRS Follow-up Apts @ \$8<sup>00</sup> per VISIT, NOT TO BE CHARGED  
THE N.D.O.C. TO REMOVE FROM PHARMACY, POWER TO DICTATE/control # of Scripts GIVEN  
ALL MEDICAL STAFF TO BE RETRAINED TO TREAT INMATES "MEDICAL NEEDS"  
PROMPTLY; NO DELAY IN PRESCRIPTIONS, OR TREATMENT, OR SURGERY.

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

(Name of person who prepared or helped  
prepare this complaint if not Plaintiff)

  
 (Signature of Plaintiff)  
5/6/15  
 (Date)

### REQUEST FOR RELIEF:

(Additional space if needed; identify what is being continued)

DR. BANNISTER EXCESS \$25,000. Compens. plus Punitive and my costs  
DR. ARNAS EXCESS \$10,000. Compens plus Punitive  
JOHN PERRY EXCESS \$10,000. ~~AND~~ Compens and Punitive  
JANE DOE (Nurse) EXCESS \$5,000. Compens  
JOHN/JANE JOE (PHARMACY) EXCESS \$10,000. NO ABILITY TO DELAY PRESCRIPTIONS  
JANE DOE (BOOKKEEPER) REIMBURSE MED. APT. PER "A.R." Follow-ups ARE FREE

## EXHIBIT A

Around April 2004 at Humboldt conservation camp I noticed something on my left eye. I went to Love Lock Correctional Center infirmary to see Dr. Scott, He said it was nothing. By mid-Summer my eye was hurting and my vision was blurring. I went back to Dr. Scott He said it's probably a pterygium no big deal. He gave me eye drops and I B U's.

In Oct. I was having problems seeing out of my left eye and the tissue had grown over my left tissue. I complained to my mom and was asking for medical to do something. My mom started complaining and finally in Nov 2004, I was sent to Northern Nevada Correctional Center to see the eye doctor.

He said I have a rare type of pterygium that will grow across my pupil and will cause me blindness. He recommended laser removal, it was refused. I was now also experiencing pain. The infirmary gave me eye drops and I B U's. Dr. Gedney at Northern Nevada Correctional Center seen me several times and referred it to the Utilization and Review Panel for sending me to surgery. It was denied.

From Jan 2005 til March 2006 I was seen by the eye Dr. Several more times, He recommended surgery each time. Dr. Bannister and Dr. Johns also saw me and said hopefully Dept. of Corrections will agree to operate. They gave me

Several types of eye drops and IBU's. Finally I was sent to and outside SPECIALIST, Dr. Fisher in Carson, He recommended surgery and wrote in to report to DEPT. OF CORRECTIONS. that it was the worst he had ever seen, and that was due to the time it took DEPT. OF CORRECTIONS to get me to a specialist.

He eventually operated on my eye. He gave very SPECIFIC instructions: I was to be given special eye drops with no delays and no interruptions for surgery to succeed. DEPT. OF CORRECTIONS stopped the eye drops within a couple weeks. The tissue grew right back, and on my follow up visits, Dr. Fisher recommended I go see Dr. Komadina in Reno.

I went to Komadina he suggested a second surgery. DEPT. OF CORRECTIONS denied it. From Dec 2006 to OCT 2013 I continually complained of pain and loss of vision, headaches, and depth perception. I was then taken off of work crew. Finally I wrote a grievance and DEPT. OF CORRECTIONS sent me back to Dr. Komadina in 2013. He again said I need surgery. DEPT. OF CORRECTIONS agreed to a second surgery. DEPT. OF CORRECTIONS sent me to the surgery in 2014, again I was given very SPECIFIC instructions for no delay or interruptions of my eye drops or the surgery.

would fail. Once again DEPT. OF CORRECTIONS STOPPED MY EYEDROPS AND ON FOLLOW UP VISITS TO KOMADING IT WAS NOTED THAT THE TISSUE HAD GROWN BACK, AND I WILL NEED YET ANOTHER SURGERY.

DR. KOMADING HAS TOLD ME AND SEVERAL CORRECTIONAL OFFICERS THIS SURGERY HAS FAILED BECAUSE OF THE INTERRUPTIONS IN DEPT. OF CORRECTIONS GIVING ME EYE DROPS, AGAIN HE ALSO STATED THAT HE WILL NEVER WORK ON ANOTHER INMATE DUE TO DEPT. OF CORRECTION AND THEIR LACK OF CONCERN.

I'VE EXHAUSTED MY ADMINISTRATIVE OPTIONS, AND REMEDY INCLUDED EYEDROPS AND ALL POST UP TREATMENT, THIS WAS ALSO DENIED. (ATTACHED EXHIBIT 1A COMPLETE GRIEVANCE)

I HAVE DEPT. OF CORRECTIONS MEDICAL FILE AND FILES FROM DR. KOMADING AND DR. FISHER VERIFYING THIS, ALSO I HAVE ALL CORRESPONDENCE TO AND FROM DEPT. OF CORRECTIONS AND THESE SPECIALIST.

480

EXHIBIT 1A - 14 pages

Log Number 20062969990

NEVADA DEPARTMENT OF CORRECTIONS  
INFORMAL GRIEVANCE

NAME: ADAM TINGLEY I.D. NUMBER: 80020

INSTITUTION: NNCC UNIT: 4 C16

GRIEVANT'S STATEMENT: My ONE GRIEVABLE ISSUE IS I'VE

BEEN WAITING SINCE 2006 TO HAVE A SECOND EYE SURGERY.  
I'VE FELT LIKE HAVING GLASS IN MY LEFT EYE, HEADACHES,  
COMPLETE LOSS OF VISION IN LEFT EYE AND SEVERE PAIN. RECENTLY  
I WAS SENT TO RENO TO SEE DR. KOMADINA AGAIN.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 10/26/13 TIME: 1630

GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 11-12-13 TIME: 8am

GRIEVANCE RESPONSE: \_\_\_\_\_

CASEWORKER SIGNATURE: CCS Meares DATE: 12/11/13

GRIEVANCE UPHELD ☒ GRIEVANCE DENIED ☐ ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: [Signature] DATE: 11/20/13

INMATE AGREES ☒ INMATE DISAGREES ☐

INMATE SIGNATURE: [Signature] DATE: 12/11/13

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance  
Canary: To Grievance Coordinator  
Pink: Inmate's receipt when formal grievance filed  
Gold: Inmate's initial receipt

ENTERED

NOV 13 2013

AWP - NNCC

AWP - NNCC AWP

DEC 16 2013 NOV 12 2013

RECEIVED/RMF  
11/19/13

11/18/13

**NEVADA DEPARTMENT OF CORRECTIONS  
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: ADAM TINGLEY I.D. NUMBER: 80020  
 INSTITUTION: NWCC UNIT #: 4 C10  
 GRIEVANCE #: \_\_\_\_\_ GRIEVANCE LEVEL: Informal  
 GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

AGAIN HE RECOMMENDED SURGERY.

REMEDY SOUGHT:

1) TO BE SENT TO DR. KOMADINA FOR THIS SURGERY

2) I STAY CLOSE TO DR. KOMADINA, WISC OR NWCC  
UNTIL SURGERY COMPLETE.

FURTHERMORE, AS HAS HAPPEND IN PAST, I DO NOT  
WANT TO BE RETALIATED AGAINST BY MOVING ME  
SOUTH TO KEEP ME FROM HAVING SURGERY, OR  
PUNISH ME FOR THIS GRIEVANCE.

THANK YOU.

Original: Attached to Grievance  
 Pink: Inmate's Copy

**ENTERED**

NOV 13 2013

DO NOT WRITE IN THESE SPACES

RECEIVED/RMF

11/19/13

RECEIVED

NOV 22 2013

DEC 16 2013

AWP





**State of Nevada**  
**Department of Corrections**

**INMATE GRIEVANCE REPORT**

**ISSUE ID#** 20062969990

**ISSUE DATE:** 11/13/2013

*NNCC-WOB-24-A*

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO
TINGLEY, ADAM WYNN	80020	RTRN_INF	JKEAST

LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
IF	11/20/2013		Denied	JKEAST	INACTIVE

**INMATE COMPLAINT**

**OFFICIAL RESPONSE**

Mr. Tingley,  
On 10/28/13 you were seen by our Physician and a recommendation was made for you to see a corneal specialist. The recommendation has been forwarded to the Utilization and review Panel for consideration.  
Grievance denied.

**RECEIVED**

DEC 16 2013

AWP - NNCC

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.2

Run Date: NOV-26-13 02:48 PM

Page 1 of 1



NEVADA DEPARTMENT OF CORRECTIONS  
FIRST LEVEL GRIEVANCENAME: ADAM TINGLEY I.D. NUMBER: 80020INSTITUTION: NVCC UNIT: 5I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20062969990, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

## SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 12/13/13WHY DISAGREE: I AM IN THE CUSTODY AND CARE OF NDOC, and am being subjected to cruel and unusual punishment through the deliberate indifference of NDOC/NVCC Medical and administrative staff. (See Continuation forms) I AM APPENDING THIS INFORMAL RESPONSE TO THIS GRIEVANCE TO WARDEN BACA -GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 12/11/13FIRST LEVEL RESPONSE: See attached responseGRIEVANCE UPHELD ☒ GRIEVANCE DENIED ☐ ISSUE NOT GRIEVABLE PER AR 740WARDEN'S SIGNATURE: [Signature] TITLE: Warden DATE: 1-24-14GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 2/11/14INMATE AGREES ☒ INMATE DISAGREES ☐INMATE SIGNATURE: [Signature] DATE: 2/27/14

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance  
 Copy: To Grievance Coordinator  
 File: Inmate's receipt when formal grievance filed  
 Copy: Inmate's initial receipt

RECEIVED

FEB 26 2014

WSSC WARDEN'S OFFICE

DOC 3093 (12/01)

ADP-MDOC

DEC 16 2013

REC'D MED/RRMF  
1-14-14

# NEVADA DEPARTMENT OF CORRECTIONS GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: ADAM TINGLEY I.D. NUMBER: 80020

INSTITUTION: NNCC UNIT #: 5

GRIEVANCE #: 20062969990 GRIEVANCE LEVEL: 1<sup>ST</sup>

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 4

ON 7-12-06 I UNDERWENT A PTERYGIUM EXCISION WITH A GRAFT. DUE TO THE EXTENSIVE PTERYGIUM (THE WORST DR. FISCHER MD. HAD EVER SEEN) AND THE LENGTH OF TIME IT TOOK NDOC/NNCC MEDICAL AND ADMINISTRATIVE STAFF TO GET ME SURGERY, THE SURGERY WAS NOT SUCCESSFUL. I CONTINUED TO SHOW SCAR TISSUE IN THE VISUAL AXIS AND SEVERE PAIN. I WAS SENT TO DR. KOMADINA AS RECOMMENDED BY DR. FISCHER. DR. KOMADINA NOTED THE SUBEPITHELIAL FIBROSIS WHICH PROCEEDS MANY PTERYGIA HAD ALREADY EXTENDED INTO MY LINE OF SIGHT. WHICH WOULD ACCOUNT FOR LOSS OF VISION AND 20/400 IN LEFT EYE. SURGERY WAS SUGGESTED BY DR. KOMADINA, THIS WAS TO CONSIST OF RESECTING AND COMBINING IT WITH APPLICATION OF MITOMYCIN-C AND A CONJUNCTIVAL AUTO GRAFT. THIS WAS REQUESTED TO UN PAID AND DENIED. I HAVE HAD TO DEAL WITH LOSS OF VISION AND SEVERE PAIN AND MAJOR DISRUPTION IN ANY QUALITY OF LIFE DUE TO

Original: Attached to Grievance  
Pink: Inmate's Copy

**RECEIVED**

FEB 26 2014

WSSC WARDEN'S OFFICE

DOC - 3097 (01/02)

RECEIVED/MP  
-14-4-

RECEIVED

DEC 16 2013

WSSC-NNCC

# NEVADA DEPARTMENT OF CORRECTIONS GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: ADAM TINGLEY I.D. NUMBER: 80020  
 INSTITUTION: NKCC UNIT #: 5  
 GRIEVANCE #: 2006 296 9996 GRIEVANCE LEVEL: 1st  
 GRIEVANT'S STATEMENT CONTINUATION: PG. 3 OF 4

NDOC/NKCC MEDICAL AND ADMINISTRATIVE STAFF  
 DENYING OVER AND OVER TO REPAIR THIS. THIS LAST  
 SUMMER I WAS FINALLY SENT BACK TO SEE  
 DR. KOMADINA AFTER (7) SEVEN YEARS! HE, DR. KOMADINA,  
 ONCE AGAIN HAS RECOMMENDED SURGERY -

[REMEDY SOUGHT]

- 1) TO HAVE WHATEVER SURGERY RECOMMENDED BY DR. KOMADINA, AND HAVE IT DONE BY DR. KOMADINA. INCLUDING ANY AFTER CARE.
- 2) IF UV PROTECTIVE GLASSES ARE SUGGESTED BY DR. KOMADINA, I WANT TO BE ABLE TO HAVE APPROVE ONE PURCHASED FROM OUTSIDE BY NDOC AT NO COST TO ME,
- 3) ENSURE I WILL NOT BE RETALIATED AGAINST FOR THIS GRIEVANCE OR NECESSARY MEDICAL TREATMENT IN ANY WAY.  
 I.E. NO PUNITIVE TRANSFERS TO E.S.P., S.D.C.C., H.D.C.C., OR L.V.C.  
 IN ANY ATTEMPT TO DELAY SURGERY AND AFTERCARE OR BECAUSE OF THIS,

Original: Attached to Grievance  
 Pink: Inmate's Copy

RECEIVED

FEB 26 2014

WSSC WARDEN'S OFFICE  
 DOC - 3097 (01/02)

RECEIVED

DEC 16 2013

AMP - NKCC

RECEIVED  
 1-14-14

**NEVADA DEPARTMENT OF CORRECTIONS  
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: ADAM TINGLEY I.D. NUMBER: 80020

INSTITUTION: NWCC UNIT #: 5

GRIEVANCE #: 2006 296 9970 GRIEVANCE LEVEL: 15

GRIEVANT'S STATEMENT CONTINUATION: PG. 4 OF 4

4) I ALSO WANT \$500.00 PER DAY GOING BACK TO  
7-12-2006

RECEIVED  
1-14-14  
ED/KMF

Original: Attached to Grievance  
Pink: Inmate's Copy

**RECEIVED**

FEB 26 2014

WSCC WARDEN'S OFFICE

DOC - 3097 (01/02)

RECEIVED

DEC 16 2013

AMP - NWCC

# NEVADA DEPARTMENT OF CORRECTIONS ADMINISTRATIVE CLAIM FORM

THIS FORM MUST BE COMPLETED PER NRS 41.036, 41.0322, 209.243 AND ADMINISTRATIVE REGULATION 740

DO **NOT** SEND DIRECTLY TO ATTORNEY GENERAL'S OFFICE, BOARD OF EXAMINERS, OR DIRECTOR

This form is to be attached to your grievance form for any injuries or any other claim (except property) arising out of a tort alleged to have occurred during your incarceration as a result of an act or omission of the Department of Corrections or any of its agents, former officers, employees or contractors.

The following information is necessary to fairly evaluate your claim. Please provide complete information. If you need more space, attach a separate sheet of paper. You may submit additional evidence if available. Such additional evidence will be returned.

CLAIM IN THE AMOUNT OF \$ 500<sup>00</sup> per day is hereby made against the Department of Corrections, based upon the following facts:

1. NAME OF CLAIMANT (Please print full name) <u>ADAM WYNN TINGLER</u>	2. I.D. # <u>80020</u>	3. INSTITUTION <u>NNCC</u>
4. AMOUNT OF CLAIM <u>\$500<sup>00</sup> per day from 7/12/2006 until resolution of issue</u>	5. DATE AND DAY OF OCCURRENCE <u>7-12-2006</u>	6. TIME (a.m. or <u>p.m.</u> ) <u>1530</u>
7. PLACE OF OCCURRENCE <u>NNCC</u>		

DOC 3095 (12/01)

**RECEIVED**

FEB 26 2014

WSCC WARDEN'S OFFICE

RECEIVED  
DEC 16 2013  
AMP - NNCC

8. Describe here, in complete detail, exactly how your claim loss or damage occurred and why you believe the institution is responsible or liable:

SEE ATTACHED FORMS

9. Witnesses. Be sure to include any staff member who may have been involved in, or has any knowledge of, your alleged loss; also, list any inmate who has actual knowledge of facts pertinent to your claim:

<u>C/O VUSSIETA</u>	<u>NANCE OTBOUTRY</u>
<u>C/O R. BARRS</u>	<u>JAY DAVIS</u>
<u>C/O BATSIGN</u>	<u>DR. BARISTER</u>
<u>C/O CASTRO</u>	<u>DR. SCOTT</u>
<u>DR. FISCHER</u>	
<u>DR. GEDNEY</u>	
<u>DR. KOMADINA</u>	

10. Other pertinent information:

RECEIVED

DEC 16 2013

AMP - NNCC

RECEIVED

FEB 26 2014

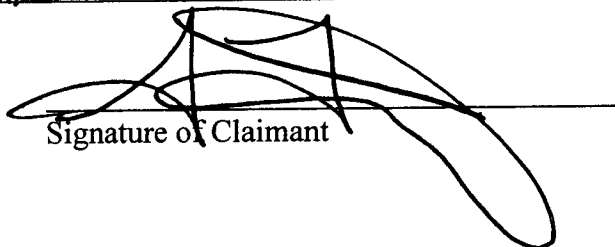
WSCC WARDEN'S OFFICE

STATE OF NEVADA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

I, ADAM WYNN TINGLEY, do hereby swear under penalty of perjury that I am the claimant named above, that I have read the foregoing claim and know the contents thereof, that the same is true of my own knowledge, except those matters stated upon information and belief, and as to those matters, I believe them to be true, and that THIS IS MY ENTIRE CLAIM AGAINST THE STATE OF NEVADA/DEPARTMENT OF CORRECTIONS.

I FULLY UNDERSTAND THAT I WILL HAVE TO SIGN A GENERAL RELEASE OF ALL CLAIMS IN THE PRESENCE OF A NOTARY PUBLIC FOR THE EXACT AMOUNT I AM CLAIMING BEFORE ANY PAYMENT WILL BE OFFERED TO ME. THIS GENERAL RELEASE WILL BECOME EFFECTIVE ONLY UPON ACTUAL PAYMENT OF THE CLAIM BY THE STATE OF NEVADA.

DATED this 13<sup>th</sup> day of DECEMBER, 2013

  
Signature of Claimant

#### NOTICE

NEVADA REVISED STATUTE 197.160 provides that every person who knowingly presents a false or fraudulent claim is guilty of a gross misdemeanor, and is subject to criminal penalties of imprisonment of up to one year, and a fine of up to \$2,000.00.

AMP - INOC

DEC 16 2013

RECEIVED

**RECEIVED**  
DOC - 3095 (12/01)  
FEB 26 2014



DA

**State of Nevada**  
**Department of Corrections**

INMATE GRIEVANCE REPORT

ISSUE ID# 20062969990

ISSUE DATE: 11/13/2013

INMATE NAME		NDOC ID	TRANSACTION TYPE	ASSIGNED TO	
TINGLEY, ADAM WYNN		80020	RTRN_L1	TJACOBS	
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
1	01/24/2014		Denied	TJACOBS	INACTIVE

**INMATE COMPLAINT**

**OFFICIAL RESPONSE**

After communicating with the WSCC Medical Staff to response to your grievance. It is my understanding that you seen the specialist and a plan is in action for your care. If there be any further questions communicate with the staff at WSCC.

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.2

Run Date: FEB-11-14 09:27 AM

**RECEIVED**

FEB 26 2014  
Page 1 of 1

**WSCC WARDEN'S OFFICE**



LOG NUMBER: 20062969990

NCC

NEVADA DEPARTMENT OF CORRECTIONS  
SECOND LEVEL GRIEVANCENAME: Adam Wayne Tingler I.D. NUMBER: 80020INSTITUTION: WSCC UNIT: 2A7aI REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 20062969990, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

## SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 2/27/14WHY DISAGREE: 2/19/14 DR. KUMADINA DID DO SURGERY. THIS SHOULD HAVE BEEN DONE OVER 7 YEARS AGO! BY NEGLECTING TO PROPERLY TREAT ME, BY NOT GETTING ME TO THE FIRST SURGERY IN TIMELY MANNER AND DOING NOTHING YOU'VE KEPT ME IN SEVERE PAIN AND SUFFERING AND UNDER ESTELLE R. GARNER (see continuation)GRIEVANCE COORDINATOR SIGNATURE: M. Whittington DATE: 3/8/14

SECOND LEVEL RESPONSE:

GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740SIGNATURE: [Signature] TITLE: MD DATE: 3/20/14GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 4-9-14INMATE SIGNATURE: [Signature] DATE: 4-22-14

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

RECEIVED

MAR - 5 2014

WSCC WARDEN'S OFFICE  
DEC 3004 (12/01)

**NEVADA DEPARTMENT OF CORRECTIONS  
GRIEVANT'S STATEMENT CONTINUATION FORM**

NAME: TINLEY I.D. NUMBER: 80020  
 INSTITUTION: WSCC UNIT #: 2A74  
 GRIEVANCE #: 20062969990 GRIEVANCE LEVEL: 2nd  
 GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

YOU'VE VIOLATED MY CIVIL RIGHTS. I'VE COMPLAINED,  
MY FAMILY AND OUR LAWYERS HAVE COMPLAINED FOR  
YEARS (SINCE 2004) DOC HAS DONE NOTHING.

THIS IS LAST ATTEMPT AT DOC LEVEL TO RESOLVE.  
FOR REMEDIES SEE 1ST LEVEL AND INFORMAL.

[ I ADD NOW TO REMEDIES: ]

- 1) ALL POST CARE NEEDED INCLUDING PAIN MED (IBU'S)  
AND ANY EYE DROPS NEEDED.
- 2) DR. KOMADINA WAS APPROVED IN JULY 2013 TO COLLECT  
BY SURGERY MY RT EYE. I WANT THAT DONE ONLY  
BY KOMADINA IF HE SUGGESTS IT. PLUS ANY FOLLOW-UP  
CARE NEEDED.

Original: Attached to Grievance  
 Pink: Inmate's Copy

**RECEIVED**

MAR - 5 2014

WSCC WARDEN'S OFFICE

DOC - 3097 (01/02)



2A 7A

**State of Nevada**  
**Department of Corrections**

INMATE GRIEVANCE REPORT

ISSUE ID# 20062969990

ISSUE DATE: 11/13/2013

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO
TINGLEY, ADAM WYNN	80020	RTRN_L2	RARANAS

LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
2	03/17/2014		Denied	VAUSTIN	A

**INMATE COMPLAINT**

**OFFICIAL RESPONSE**

You have received the surgery by Dr. Komadina and are scheduled for follow up appointments. The matter of your eye surgery has been resolved. Grievance denied.

GRIEVANCE RESPONDER

*[Signature]*  
NDOC Medical Director  
Romeo Aranas, MD

Report Name: NVRIG  
Reference Name: NOTIS-RPT-OR-0217.2  
Run Date: MAR-17-14 04:13 PM

MAR 26 2014

Page 5 of 6